

ADMINISTRATIVE REVIEW APPLICATION

(Code Section 99.06, 153.037)

**CITY OF DUBLIN**

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236
Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

I. PLEASE CHECK THE TYPE OF APPLICATION:**COIC Districts**

Select District:

☐ HDP☐ LDP☐ I-VC☐ I-CC☒ Wireless Communication Facility**Application Type**

(COIC Only)

☐ Pre-Application Review☐ Development Plan Review☐ Administrative Review☐ Administrative DeparturesPlease utilize the applicable *Supplemental Application Requirements* sheet for additional submittal requirements.**II. PROPERTY INFORMATION:** This section must be completed.

Property Address(es): 6780 Coffman Road Dublin OH 43016	
Tax ID/Parcel Number(s): 273-000263 273-002929 ** 273-000325-80 + 6	Parcel Size(s) (Acres): 0.035
Existing Land Use/Development: [499] Commercial Structure	Existing Zoning:

PLEASE COMPLETE THE FOLLOWING:

Describe the Existing Land Use/Development: Wireless Facility / Monopole - light pole by stadium.

Describe the Request: Adding three antennas to existing Rad center.

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): BD of Education Dublin City School District	
Mailing Address: (Street, City, State, Zip Code) Dublin City School District 62 W Bridge St, Dublin 43017	
Daytime Telephone: 614-764-5913	Fax: 614-761-5856
Email or Alternate Contact Information: hoadley.todd@dublin.schools.net	

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: <u>Crown Castle</u>	Applicant is also property owner: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>
Organization (Owner, Developer, Contractor, etc.): <u>Crown Castle</u>	
Mailing Address: (Street, City, State, Zip Code) <u>10300 Ormsby Park Place Suite 501 Louisville KY 40223</u>	
Daytime Telephone: <u>502-318-1325</u>	Fax:
Email or Alternate Contact Information: <u>bryan.brauner@crown-castle.com</u>	

V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name: <u>Bryan Brauner</u>
Organization (Owner, Developer, Contractor, etc.): <u>Crown Castle</u>
Mailing Address: (Street, City, State, Zip Code) <u>10300 Ormsby Park Place Suite 501 Louisville KY 40223</u>
Daytime Telephone: <u>502-318-1325</u> Fax:
Email or Alternate Contact Information: <u>bryan.brauner@crown-castle.com</u>

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>James A. Davis, Owner of Dublin City Schools</u> , the owner, hereby authorize <u>Crown Castle</u> to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <u>[Signature]</u>	Date: <u>2/13/14</u>

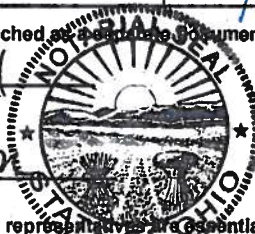
☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as separate document

Subscribed and sworn before me this 13th day of February, 20 14

State of Ohio

County of Franklin

Notary Public Edie Carton



Edie Carton
Notary Public, State of Ohio
My Commission Expires 02-03-2018

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>Bryan Brauner</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u>Bryan Brauner</u>	Date: <u>2/12/2014</u>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I Bryan Brauner, the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

Signature of applicant or authorized representative:

Bryan Brauner

Date: 2/19/2014

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I Bryan Brauner, the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of applicant or authorized representative:

Bryan Brauner

Date: 2/19/2014

Subscribed and sworn to before me this 19th day of February, 20 14

State of Kentucky

County of Jefferson

Notary Public Barbara Saive



FOR OFFICE USE ONLY

Amount Received:

Application No:

ART Decision:

ART Action:

Receipt No:

Map Zone:

Date Received:

Received By:

Type of Request:

N, S, E, W (Circle) Side of:

N, S, E, W (Circle) Side of Nearest Intersection:

Distance from Nearest Intersection:

Existing Zoning District: